

► Country update on Injury Surveillance



In the framework of the Joint Action on Injury Monitoring in Europe (JAMIE) we are regularly informing the Alert-readers on current activities of our JAMIE-partners in injury surveillance.

The objective of JAMIE, co-funded by the EU and its Executive Agency for Health and Consumers (EAHC) is to work towards one common hospital-based surveillance system for injury prevention in operation in all Member States (MSs) by 2015, that is integrated within the Community Statistics on Public Health (see also <http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/12injurydata.htm>).

In this issue of the Alert our colleagues from Portugal and Sweden sharing with us their latest experiences in injury surveillance and reporting.

Injury surveillance in Portugal



In Portugal, the National Health Service (NHS) is responsible for providing health care to its ten and a half million inhabitants. Health service planning and regulation take largely place at the central level in the Ministry of Health (MoH) and its institutions, through its National Health Plan. The management of the NHS is devolved to the 5 health regions, Norte, Centro, Lisboa e Vale do Tejo, Alentejo and Algarve, and to the 2 autonomous regions, Açores and Madeira.

Primary care centres (377 at present) are the main pillar of the health system. The health administration board of each of these regions is accountable to the MoH and is responsible for strategic management of population health, supervision and control of hospitals, management of primary care/ NHS primary care centres, and implementation of national health policies taking into account regional needs. The NHS operates the 77 hospitals that have an Emergency Department (ED).

Injury awareness by both the public and health care providers has been reinforced by the adoption of the National Programme of Prevention of Injuries 2009-2016. This programme aims to reduce injuries and their impact on the population in general and especially on vulnerable groups as well as to ensure equitable access of injured persons to health care. It also highlights the need to collect, analyse and disseminate information on unintentional injuries through an integrated system of information. Results from the last Census in 2011 indicate that

15% of the population in Portugal belongs to the age group 0-14 years and about 19% is 65 years or over, while in 2001 these proportions were 16% and 16,5% respectively. This trend is expected to continue and certainly will have an impact on the annual number of injuries.

Injury data collection

Since 1986, Portugal participated in the EC-projects for collecting product related injury-data from EDs in a sample of public hospitals. These studies were coordinated by the national Consumer Safety Department. After the end of the consumer injury data collection programme, the Ministry of Health took over the coordination of the injury surveillance system ADELIA in 2002. ADELIA is now managed by the Portuguese National Institute of Health Doutor Ricardo Jorge – INSA and is based on data on home and leisure accidents (HLA) collected in a sample of emergency health units of the NHS.

The main objectives of the system ADELIA are to detect:

- Short-term trends: identify the frequency of HLA in general and the various types of injuries, as well as the characteristics of victims and the circumstances of injury events;
- Long-term trends: identify risk-prone situations, establishing a support base for developing and refining consumer protection regulations and enforcement based on evidence. Disseminate information and stimulate research.

Strategic health advisors, decision makers, Consumer Safety Department, me-

dia and university researchers are the main users of the data collected.

The sample of health units in ADELIA consists of a random selection of 6 hospitals and 15 Health Centres in the NHS. The recording of data is supported by a modular software application, Module ADELIA, which runs within the SINUS- and SONHO-programs of MoH. Data capture is done by the receptionist at the time of registration of the user, in accordance with instructions provided by INSA.

Module ADELIA consists of a dialog box, and collects information on the casualty, accident and its circumstances, as well as characteristics of the injury. The following fields are available in this module:

- Sex and Date of birth of the victim;
- Date and time of care in the emergency room;
- Date and time of injury;
- Location and activity of the injury, and
- Mechanism & Part of body injured.

Challenges

Recent changes in NHS hospital management structures in 2009 and the reorganization of primary care system has lead to a slowdown of notifications by the EDs. Due to these developments the sample had to be rebuilt. Also, now the JAMIE-methodology has been agreed at EU-level, some changes are required in the instructions and the codification scheme of the data, which changes are expected to be fully implemented in the year 2013.

Some results

In 2006, a proportion of 6.6 % of all hospital admissions, i.e. 72.152 cases, related to an injury, of which 9.556 were children up to the age of 19 years, 33,209 of adults be-

tween the 20-64 years and 29.387 of people with more than 65 years. Average stay in hospital was 9,5 days.

ADELIA collected 23.079 injury cases in 2006, 15.787 in 2007 and 15.697 in 2008 (number of ED and health centres participating varied). As for sex distribution In the years 2006-2008 data shows that in all group ages until 45 years men are more affected by injuries than women, but after 45 years the proportion of women exceeds that of males, which also is a reflection of demography.

As to the location (setting) of injury the majority of HLA-injuries happen at home (52,8% in 2006; 49,9% in 2007; 51,5% in 2008), in particular among children between 0-4 years (77,9% in 2006, 73,6% in 2007 and 77,3% in 2008) and those aged 75 or over (69,5% in 2006, 72,9% in 2007, 75,5% in 2008). It was also evident that young people are overrepresented in the category of injuries at school or in educational institutions as it is expected.

In the distribution by mechanism of injury, falls accounted for the majority of injury cases (67% in 2006, 70,9% in 2007 and 74,2% in 2008) and even higher proportions in the older age groups: 65-74 age group with 81,1% in 2006, 84,4% in 2007 and 87,1% in 2008 and the group of people aged 75 or over with 90,4% in 2006, 90,2% in 2007 and 92,3% in 2008.

Of all injuries registered in ADELIA in 2006, 2007, and 2008, 3,9%, 3,6% and 4,1% respectively, where admitted for further treatment.

More information: Teresa Contreiras, INSA
teresa.contreiras@insa.min-saude.pt